PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

		CLAIMS A	S FILED	- PART	1			SMALL E	NTITY		OTHER	RTHAN	
(Column 1					(Column 2)			TYPE				SMALL ENTITY	
TOTAL CLAIMS							j	RATE	FEE] .	RATE	FEE	
F	OR .		NUMBER FILED		NUMBER EXTRA			BASIC FEI		OR	BASIC FEE	950	
T	OTAL CHARGE	ABLE CLAIMS	(Om	nus 20=	. —		.	XS 9=		OR	XS18=		
_	DEPENDENT (ninus 3 =				X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	·	OR	-290=		
* If the difference in column 1 is less than zero, enti-					"0" in c	column 2	'	TOTAL	1	ÖR	TOTAL	950	
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN	
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		XS 9=		OR	XS18=		
	Independent	•	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	. +290=	-	
								TOTAL	•	1	TOTAL		
								DDIT. FEE		OR ,	ADDIT. FEE		
	T	(Column 1)		(Colum		(Column 3)				, ,	T	1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		XS 9=		OR	X\$18=		
	Inaependent	Minus ***			=		X43=		OR:	X86=			
.d	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145			+290=		
							Ŀ	+145=	·	OR	. 70741		
								DDIT. FEE		OR	LOTALI LODIT. FEEL		
		(Column 1)	(Column 3)				_	· _ ·					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLÝ	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	·	= '	-	X43=	i	OR	X86=		
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
	I the enter in colum	nn 1 is lose than th	o optovio deli-	ma 2 ····isc *	O* in cole	ımo 3	L	+145= : TOTAL		OR	+290=		
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								1	OR ;	TOTAL		
							AD	OIT. FEE		On A	DOIT. FEE L		